

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|------------|
| Permit #: | 18-0135 |
| Date: | 5-15-18 |
| Amount Paid: | \$755-8-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | |
|---|--|---|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>Russell Bailey</u> | Mailing Address: <u>P.O. 126</u> | City/State/Zip: <u>Port Wing, WI</u> | Telephone: <u>715-744-3311</u> |
| Address of Property: <u>80295 Monson Rd</u> | City/State/Zip: <u>Port Wing,</u> | | Cell Phone: |
| Contractor: <u>Self</u> | Contractor Phone: <u>774-3311</u> | Plumber: | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION <u>NE 1/4, SE 1/4</u> | Legal Description: (Use Tax Statement) | Tax ID# <u>28015</u> | Recorded Document: (i.e. Property Ownership) <u>924</u> <u>123</u> |
| Gov't Lot | Lot(s) | CSM | Vol & Page |
| Lot(s) No. | Block(s) No. | Subdivision: | |
| Section <u>9</u> , Township <u>49</u> N, Range <u>8</u> W | Town of: <u>Port Wing</u> | Lot Size | Acreage <u>40</u> |

| | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → | Distance Structure is from Shoreline : _____ feet | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|---|---|--|--|---|--|
| \$ <u>1500.</u> | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> _____ | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |
| | | | | <input checked="" type="checkbox"/> None | | |

| | | | |
|---|-------------------|------------------|-------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>48</u> | Width: <u>32</u> | Height: <u>16</u> |
| Proposed Construction: | Length: <u>48</u> | Width: <u>12</u> | Height: <u>10</u> |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Accessory Building Addition/Alteration (specify) <u>Lean To</u> | (<u>48</u> X <u>12</u>) | <u>576</u> |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Russell Bailey Jane Bailey
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date May 8, 2018

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit P.O. Box 126 Port Wing, WI 54865

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

See Attached Map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description | Measurement | | Description | Measurement | |
|---|-------------|------|--|---|------|
| | | | | | |
| Setback from the Centerline of Platted Road | 343 | Feet | Setback from the Lake (ordinary high-water mark) | NA | Feet |
| Setback from the Established Right-of-Way | 310 | Feet | Setback from the River, Stream, Creek | | Feet |
| | | | Setback from the Bank or Bluff | | Feet |
| Setback from the North Lot Line | 1008 | Feet | | | |
| Setback from the South Lot Line | 225 | Feet | Setback from Wetland | NA | Feet |
| Setback from the West Lot Line | 960 | Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Setback from the East Lot Line | 310 | Feet | Elevation of Floodplain | | Feet |
| | | | | | |
| Setback to Septic Tank or Holding Tank | 730 | Feet | Setback to Well | 730' | Feet |
| Setback to Drain Field | NA | Feet | | | |
| Setback to Privy (Portable, Composting) | NA | Feet | | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | | |
|--|---|---|---------------------|---|--------------------|---|--|
| Issuance Information (County Use Only) | | Sanitary Number: 13-115 | | # of bedrooms: | | Sanitary Date: | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: 18-0135 | | Permit Date: 5-15-18 | | | | | |
| Is Parcel a Sub-Standard Lot | <input checked="" type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Case #: NA | | | |
| Case #: NA | | | | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Inspection Record: Project location as represented by owner appears Code Compliant. ok to issue LU Permit | | | | Zoning District (Agi) Lakes Classification (-) | | | |
| Date of Inspection: 5/10/2018 | | Inspected by: Robert Scherman | | Date of Re-Inspection: | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) | | | | | | | |
| Signature of Inspector: [Signature] | | | | Date of Approval: 5/14/2018 | | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> | | Hold For Fees: <input type="checkbox"/> | |